

Attachment 7 – Letter of Introduction to Participant

<<Date>>

«patientfirstname» «patientlastname»
«address1»
«address2»
«city», «state» «zip»

Dear «patientfirstname»,

We invite you to take part in a survey to examine the healthcare needs of people born with heart conditions. This project is being conducted by the (site), Centers for Disease Control and Prevention (CDC), and the March of Dimes.

You were identified by the health department in the state where you were born as a person born with a heart condition. We would like you to complete a short survey about yourself, your health, quality of life, and access to care. Your information will help us identify unmet needs of adults born with a heart condition. To learn more about this project, you can visit <<Website address>>.

The survey will take about 20 minutes. It can be completed online or by mail. None of your answers will be linked to your name, nor will your name ever be released as having a heart condition, having completed the survey, or having been asked to participate. We know your time is valuable. As a thank you, we have included a \$5.00 gift card for you to keep whether or not you complete the questionnaire. If you choose to return your completed survey via mail or complete it online, we will send you another gift card worth \$10.00 to thank you for the additional time and effort spent.

We have enclosed a consent form which explains your rights as a survey participant. If you'd like more information, please contact Dr. Sherry Farr, National Center on Birth Defects and Developmental Disabilities, CDC, at (800) xxx-xxxx.

Hundreds of people born with a heart condition are taking part in this survey across the country. Everyone's answers are important to us and will add to what we learn about how heart conditions affect adults. The findings from the survey will help current adults who were born with heart conditions and the future lives of children born with heart conditions.

If we have contacted you in error and you were not born with a heart condition, please contact Dr. Sherry Farr at (800) xxx-xxxx so that we can update our records.

Thank you for completing this important survey.

Enclosure:
Consent form
Survey
Gift card

Si desea llenar la encuesta en Español, favor de llamar al (800) xxx-xxxx.